



**TOWN OF NORTH ATTLEBOROUGH
 NORTH ATTLEBOROUGH PUBLIC SCHOOLS
 HUMAN RESOURCES DEPARTMENT**
 John Woodcock Administration Building
 6 Morse Street
 North Attleborough, MA 02760

- New Hire Date: _____
- Volunteer / Non-Employee
- Field Day/Field Trip Date: _____
- Kindergarten Screening
- Employee Renewal

**CORI/SORI REQUEST FORM
EMPLOYEE/APPLICANT/VOLUNTEER**

COMPLETE THE FOLLOWING INFORMATION (PLEASE PRINT)

(CIRCLE ONE) SCHOOL TOWN

LAST NAME: _____ FIRST: _____ MIDDLE: _____

SOCIAL SECURITY # (last 6 digits required): XXX - _____ - _____ DATE OF BIRTH: _____

MAIDEN NAME (or other names by which you have been known): _____

CURRENT ADDRESS: _____ PHONE #: _____

FORMER ADDRESS: _____ SEX: _____ RACE: : _____
 (if at current address less than 3 years or out of state)

MOTHER'S MAIDEN NAME: _____ FATHER'S FULL NAME: _____

POSITION HELD/APPLIED FOR: _____ DEPARTMENT: _____

VOLUNTEER POSITION HELD/APPLIED FOR: _____ NAME OF SCHOOL(S): _____

STUDENT(S) NAME: _____

The Town of North Attleborough and the North Attleborough Public Schools are registered under the provisions of M.G.L. c.6, Sec. 172 to receive criminal offender record information (CORI) for the purposes of screening current and otherwise qualified prospective employees, subcontractors, and volunteers. As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information System (DCJIS). I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS. By signing below, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate. Additionally, I understand that the Town and the District will request and receive sexual offender record information (SORI) from the Massachusetts Sex Offender Registry Board (SORB). I also understand that, if my position requires, I will be provided with information on how to register for a fingerprint appointment in order that a national criminal history check may be conducted.

Please note that this form must be submitted in person along with a government-issued ID. We kindly ask that you do not submit the form via interoffice mail or email as we cannot verify a person's identity using this method. Please be sure to allow at least two weeks prior to your event date when submitting your request. Without this advanced notice, we cannot guarantee that your results will be processed in time to grant permission to attend the event or to have your name included on the volunteer list.

Thank you for your understanding and cooperation.

Employee/Applicant/Volunteer Signature

Date

BELOW TO BE COMPLETED BY EMPLOYER

The above information was verified by reviewing the following forms of government-issued ID:

Reviewed by: _____

Signature of Verifying Employee: _____

- GOVERNMENT ISSUED ID:**
- Driver's License (State: _____)
 - State ID Card (State: _____)
 - United States Passport
 - Other: _____